Docket No.:





EXPEDITED PROCEDURE
UNDER 37 C.F.R. §1.116

Group Art Unit: 2154:

Customer No.: 34610

Examiner: Mohammad Siddiqi

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Byung Hyo KIM

Serial No. 09/801,639

Confirm. No.: 3935

Filed:

For:

March 9, 2001

INTER-PROCESSOR COMMUNICATION APPARATUS AND METHOD

OF MOBILE COMMUNICATION SYSTEM

AMENDMENT

RECEIVED

JUN 0 9 2004

Technology Center 2100

U.S. Patent and Trademark Office 2011 South Clark Place Customer Window, Mail Stop **AF** Crystal Plaza Two, Lobby, Room 1B03 Arlington, VA 22202

Sir:

In response to the Office Action mailed March 4, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page $\underline{2}$ of this paper.

Remarks/Arguments begin on page 6 of this paper.

61.

Docket No.:

P -195

THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Byung Hyo KIM

Serial No.

09/801,639

Confirm. No.: 3935

Filed:

For:

March 9, 2001

EXPEDITED PROCEDURE UNDER 37 C.F.R. §1.116

-

Group Art Unit: 2154

Examiner: Mohammad Siddiqi

Customer No.: 34610

: Customer No.: 5401

INTER-PROCESSOR COMMUNICATION APPARATUS AND METHOD OF MOBILE COMMUNICATION SYSTEM

U.S. Patent and Trademark Office 220 - 20th Street S. Customer Window, Mail Stop AF Crystal Plaza Two, Lobby, Room 1B03 Arlington, VA 22202

RECEIVED

Corres, and Mail

JUN 0 9 2004

Dear Sir:

Technology Center 2100

Transmitted herewith is an Amendment and/or Reply in the above identified application.

[X] No additional fee is required.

Also attached:

The fee has been calculated as shown below:

	NO. OF CLAIMS	HIGHEST PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	15	20	0	x \$18 =	
Independent Claims	3	3	0	x \$86 =	
		If multiple claims nev	vly presented, ad	d \$290.00	
		Fee for extension of t	time		
			TOTA	AL FEE DUE	

Please charge my Deposit Account No. <u>16-0607</u> in the amount of \$. An additional copy of this transmittal submitted herewith.

[] A check in the amount of \$ ____ (Check #____) is attached.

[X] The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment, to Deposit Account No. 16-0607, including any filing fees under 37 C.F.R. 1.16 for presentation of extra claims and any patent application processing fees under 37 C.F.R. 1.17.

Respectfully submitted,

(1) 1 1 1

Registration No. 40,372

P.O. Box 221200 Chantilly, Virginia 20153-1200 703 766-3701 DYK/CRWild

Date:

June 4, 2004